

WATER WELL RECORD (WWC5.2)

Constructed

KOLAR DOC ID _____ WELL ID _____

LOCATION OF WATER WELL

County		Section		Township		Range		E W	Fraction	¼	¼	¼
Latitude		Longitude		Datum		Elevation						

WATER WELL LOCATION

at owner's address

WATER WELL OWNER

Name	
Business	
Address	

PERMIT & ID NUMBERS (AS REQUIRED)

DWR Application No.: _____
 KDHE / EPA Project Code: _____
 Site Name: _____
 KDHE UIC Class V Form Completed: Yes No
 County/Local Permit Required? Yes No
 Permit Obtained? Yes No Permit ID: _____
 Oil/Gas Lease Name & Well #: _____

CONSTRUCTION

Casing: Height above land surface: _____ in.
 Is casing height less than 12 inches? Yes No

Blank Casing type: _____
 1st interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 2nd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____
 3rd interval: _____ ft. to _____ ft.; Diameter _____ in.
 Casing Joint: : _____ Weight: _____ lbs/ft
 Wall thickness or gauge no.: _____

Screen / Perforation material: _____

Specify if other: _____

Screen / Perforation openings: _____

1st interval _____ ft. to _____ ft. Slot Size _____

2nd interval _____ ft. to _____ ft. Slot Size _____

3rd interval _____ ft. to _____ ft. Slot Size _____

WELL WATER USE

Additional info if required:

of Boreholes

of Dewatering Wells

COMPLETION

Depth of completed well: _____ ft.

Depth(s) groundwater encountered: Dry Well

(1) _____ ft.; (2) _____ ft.; (3) _____ ft.;

Static water level in well: _____ ft.

Date measured: _____

Measured from: Top of Casing or Ground Surface

Measured: Above or Below Land Surface

Estimated yield: _____ gpm

Pump Test Date: Water level was:

_____ ft. after _____ hours pumping _____ gpm

_____ ft. after _____ hours pumping _____ gpm

Pump Information:

Pump Installed? Yes No Date: _____

Pump Type: Horsepower: Volts:

Drop Pipe Diameter: in. Drop Pipe Length: ft.

Water well disinfected? Yes No

Date disinfected (mm/dd/yy): _____

CONSTRUCTION**Borehole interval:**

from _____ to _____ ft.

from _____ to _____ ft.

from _____ to _____ ft..

Borehole diameter:

_____ in.

_____ in.

_____ in.

Grout:

1st Interval: _____ ft. to _____ ft. Grout material: _____

2nd Interval: _____ ft. to _____ ft. Grout material: _____

3rd Interval: _____ ft. to _____ ft. Grout material: _____

Gravel pack:

Not Used

1st Interval: _____ ft. to _____ ft. Gravel Size: _____

2nd Interval: _____ ft. to _____ ft. Gravel Size: _____

3rd Interval: _____ ft. to _____ ft. Gravel Size: _____

DESIGNATED PERSON**WELL COMPLETION DATE****CONTRACTOR BUSINESS NAME**

LOCATION OF WATER WELL

County		Section		Township		Range	$\frac{E}{W}$	Fraction	$\frac{1}{4}$	$\frac{1}{4}$	$\frac{1}{4}$
Latitude		Longitude				Datum		Elevation			
Well Owner				Well Owner Business							

NEAREST SOURCE OF POTENTIAL CONTAMINATION	or	No potential source of contamination within 100 ft.

Source:				Source:			
Distance from well (ft):		Direction from well:		Distance from well (ft):		Direction from well:	
Source description:				Source description:			
Required information for local entity?	Yes	No		Required information for local entity?	Yes	No	

LITHOLOGIC LOG

AQUIFER, if known[illegible]

COMMENTS

This water well was constructed/reconstructed pursuant to the stated water well contractor's license and was completed on _____.

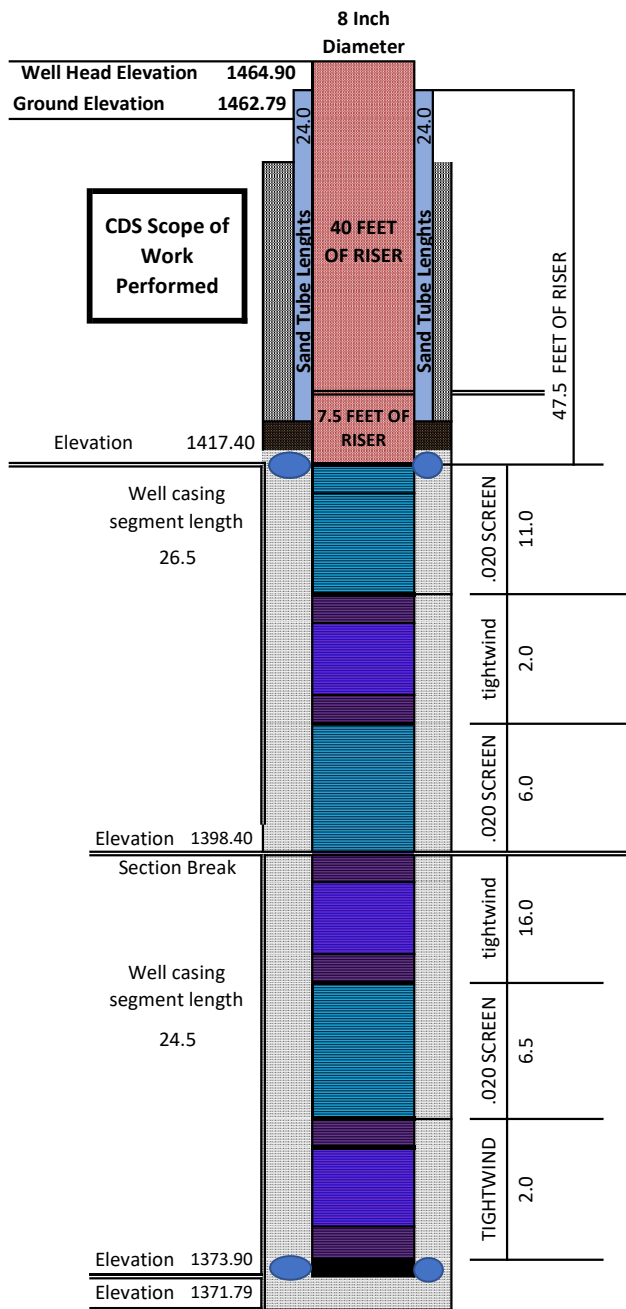
I certify that this record is true to the best of my knowledge and belief. This water well record was completed on _____ under the business name of _____, KS Water Well Contractor's License No. _____ under the authority of the designated person as defined in K.A.R. 28-30-2(j) and signed and certified by the electronic signature of the designated person at its submittal: _____.

Send one copy to the water well owner and the contractor should retain one copy.

Form	WWC5.2 - Water Well Record
Doc ID	1956961
Well Owner	U.S. Army Corps of Engineers
Contractor	Contract Dewatering Services, Inc.

Casing

From	To	Casing Diameter	Casing Joint	Casing Weigh	Wall Thickness or Gauge Number
0	47.5	8	Splines	28.55	.322
58.5	60.5	8	Splines	28.55	.322
66.5	82.5	8	Splines	28.55	.322
89	91	8	Splines	28.55	.322



Note: Drilled and installed on 3/6/2025

Relief Well #W-6B

Relief Well Installation Diagram

NOT TO SCALE

**Wilson Lake Dam
Saline River, Kansas
Install Relief Wells, P2-480831**

Screen material to be supplied by:

**Johnson Screens
New Brighton MN 55112
1-800-833-9473**

Contact: Sandy Nelson

Riser material to be supplied by:

**Johnson Screens
New Brighton MN 55112
1-800-833-9473**

Contact: Sandy Nelson

ALL CASING IS ASTM A-312, GRADE T-304, SCHEDULE 40.
OVERALL LENGTH OF SCREEN INCLUDES WELDS RINGS
SCREENS ARE 304 AISI 18-8 STAINLESS STEEL
CONTINUOUS SLOT "V" WIRE WELD TO RODS.

SCREENS HAVE 0.020 INCH SLOT OPENINGS.

3/8 INCH THICK T-304 STAINLESS STEEL BOTTOM PLATE.

Overall Design Length	91.0
CDS installed total of well casings and screen-	91.0
Total Depth Drilled	91.0

Sediment in Well After Filter Pack Installation	5 ft.
Gallons Pumped for Initial Pumping @ 150gpm per LF of Filter Pack	3/8/2025
Drilling Method: Reverse Circulation	Yes
Borehole Diameter	20-Inch
Gallons at Start	694230
Gallons at End	722441
Total Gallons - This includes; filling pit & borehole, drilling, backfilling, and running a bypass line to decrease pressures on plumbing	28211
Drilling Additives	0
Elevation Top of Well Casing	1464.9
Top of Primary Filter Pack	1437.9
Top of Secondary Filter Pack	1439.9
Locations of Centralizers Shown on Diagram	
Portable Pit and 10 feet of 24 inch borehole = 4500 gallons = 3 gallons of Sodium Hypo Chlorite to reach 100ppm solution for drill water	
Alignment Test	
Pass	